PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number: 10/709,646

CLAIMS AS FILED – PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE OR	FEE
BASIC FEE (37 CFR 1.16(a))				$	OR		$
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*	X $____ =		OR	X $____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*	X $____ =		OR	X $____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ $____ =		OR	+ $____ =	
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL	

CLAIMS AS AMENDED – PART II

2/28/06

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	CLAIMS ADD REMAINING TIONAL FEE DEPENDENT
Total (37 CFR 1.16(c))	* 20	Minus	** 20	0	X $____ =		OR	X $ (37 CFR 1.16(c))	
Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	0	X $____ =		OR	X $ (37 CFR 1.16(b))	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $____ =		OR	+ $____ =	
					TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	CLAIMS ADD REMAINING TIONAL AFTER FEE DEPENDENT
Total (37 CFR 1.16(c))	*	Minus	**	=	X $____ =		OR	X $ (37 CFR 1.16(c))	
Independent (37 CFR 1.16(b))	*	Minus	***	=	X $____ =		OR	X $ (37 CFR 1.16(b))	Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $____ =		OR	+ $____ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	CLAIMS ADD REMAINING TIONAL AFTER FEE DEPENDENT
Total (37 CFR 1.16(c))	*	Minus	**	=	X $____ =		OR	X $ (37 CFR 1.16(c))	Minus
Independent (37 CFR 1.16(b))	*	Minus	***	=	X $____ =		OR	X $ (37 CFR 1.16(b))	Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $____ =		OR	+ $____ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.